

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21		1					71								
22		20					72								
23		20					73								
24		20					74								
25		20					75								
26		20					76								
27		20					77								
28		20					78								
29		20					79								
30		20					80								
31		20					81								
32		20					82								
33		20					83								
34		1					84								
35		1					85								
36		1					86								
37		1					87								
38		1					88								
39		1					89								
40		1					90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								